MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 13.14 Film G377 6/10/66 mh

1001	.0		CENTIL	FICATE	OF DE	AIII				ns	25118	2
PLACE OF DEATH a. COUNTY	HOWARD			YLAND	a. STATE	MAR	YLAND	ed lived, if institu b. COL	INTY H	IOWAR	RD	n)
b. CITY OR TOWN (write RURAL on	(If autside carparate limit d give neorest tawn)	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If out	tside carpara	te limits, write Rl	JRAL and gi	ve neores	t tawn)	
ELKRI	DĞE				ELKRI		1925			13	-/-	
d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	it in haspital, g	ive street oddress)		d. STREET A	DDRESS					e. IS RESID ON A FA	ENCE ARM?
	HINGTON BOU	LEVARD	21227		6801	WASHI	NGTON	BOULEVA	ARD		YES	
3. NAME OF DECEASED (Type or print)	ARTHU	R R	B. Middle		CROOK		4. DATE OF DEATH	JU NE		3,	Yeo 19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D DE	B. DATE OF BI	RTH	9	. AGE (In years lost birthdoy)	IF UNDER	R 1 YEAR Days	IF UNDER Hours	24 HRS. Min.
MALE	WHITE	WIDOWED	DIVORCE	D 🔲	10-27-	1900		65 yrs.	MOIIIII	Days	HOUIS	MIII.
100. USUAL OCCUPATION during mast of working BUTLDER	N (Give kind af work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPL		& Stote, or for	reign country) D		ITIZEN OI OUNTRY?		
13. FATHER'S NAME	STATE AND	11.		9. 5.	14. MOTHER	'S MAIDEN N						
Jame	s W. Crook			. "		Mary	E. Q	uinn				
IS. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT			Add	ress			
NO	(If yes give wor or dotes o		7-07-6718	МЕ	RS. MAR	CARET	WC	ROOK 68	301 WA	SHIN	NGTON	RI D
	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).)	0	1	100	neu	2)		INT	ERVAL BETV	WEEN
1419	DUE		1	M	//	1	101	1		1	/	
Canditions, if any		(b) and	lann so	Ma	etie	hed	11	dicea	sel)		-	
rise to immedio		TO							-			
lost.)	(c)	122 1767									
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL I	DISEASE CON	DITION GIVE	N IN PART 1(o)	P.3		WAS AUTO PERFORME	PSY ED? NO 4
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED. (Enter nature o	of injury in P	Part I or Part	II of item 18.)				
20c. TIME OF INJ Hour a.	10	2Dd. IN While of work	IJURY OCCURRED Nat While at wark		E OF INJURY (ary, street, affic		, 20f.	(City ar tawn)	(0	aunty)	(:	State)
21. I certi	ify that (I) (this has eceased alive on 🚅	pital) attend	ded the deceased					fram causes				
22a. SIGNATURE		1	4	es Mo	ATTENDIN	G G	MED. DIRECTOR	STAFF PHYS.		DATE SIGN		1.1
22c. PHYSICIAN'S NAME (Type		E. GROI	LEAU		22d. AD	DRESS		REET-ELK	RIDGE	1		94
230. BURIAL, CREMATIC BURIMOXAL (Specify			ST. AUGU			1ETERY		CATION (City or TO		(County	,	tate)
24. FUNERAL DIRECTO	HUBBARD, 41	O7 WIL	ADDRESS CENS AVENU	E 212	229	2So. REC'D	BY REGISTR	AR 2Sb. R	EGISTRAR'S Clay			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after deather.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08509

1.	PLACE OF DEAT a. COUNTY HOWAY				4460		a. STATE		b. CDU	NTY	esidence before admission)
	b. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tov	te limits,	c. LE	MARYI NGTH OF STAY		c. CITY OR TOWN (If		corporate limits, w	rite RURAL	and give nearest town)
	Elli	cott City				12	EL	licot	t City		13-1
	d. NAME DF HD	SPITAL DR INSTITUTION	ON (if not	in hospital	, give street ac	idress)	d. STREET ADDRESS			F. 19.1	e. IS RESIDENCE ON A FARM?
_		lchester Ro					Ilches				YES ND
3.	NAME OF DECEASED	F	Irst		Middle		Last -	4. DA			Day Year
-	(Type or print)		MART		JANE	FAY	SCHOOL STREET, ST. B. C.	DE		30,19	
	sex Female	6. CDLDR OR RACE		NED N	EVER MARRIED DIVDRCED		ept.15,1876	6	9. AGE (In years last birthday) 89 yrs.		Days Hours Min.
10a	. USUAL DCCUPAT	ION (Give kind of work ing life, even if retire	done 10	LIKS	BUSINESS DR		11. BIRTHPLACE (C			y) 12. Cl	TIZEN OF WHAT
	It h						Penns	er l'us	nia		
13.	. FATHER'S NAM	E					Penns 14. MDTHER'S MAIL	DEN NAME			
	?	Leonard					?				
15 (V	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAI	L SECURITY NO.	17.	INFORMANT	7	Addre	ess	
(11	No	(11 yes give war or dates) Service)	None		Fr	ank Fay, Ilo	chest	er Road E	llicot	t City. Mel
	18. CAUSE OF	DEATH [Enter only on	e cause p	er line for	(a), (b), and (c)		1				INTERVAL BETWEEN
7	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE		and	1000	421	lecre				ONSET AND DEATH
	78	DUE DUE			1	1					100
	Conditions, If	/	(b)		U						TO THE WAY IS
	gave rise to	DAIL.	, ,								
	cause (a), so	rating the	(c)								STATE TO SE
NO				RIBUTINGT	O DEATH BUT N	OTRELA	TED TO THE TERMINAL I	DISEASE C	DNDITIDNGIVENII	V PART 1(a)	19. WAS AUTDPSY
CAT	125-2-210										PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20	b. DESCRI	BE HOW INJUR	Y OCCU	RRED. (Enter nature o	f injury in	Part I or Part II	of Item 18.	
		INJURY Month, Day,		NUMBER DA	ODDUIDDED LO	On DI 40	S DE INVIDVAIS (-	- I 004	(Oltre on Annual)	/Daw	-Au) (Chata)
MEDICAL	Hour a.r	n.	W	hile No	occurred 2		CE DF INJURY (Home, fa y, street, office bldg., e		(City or town)	(Cou	nty) (State)
1	21. I certif	y that (I) (this hos	oital) att	ended the	deceased fr	om	10-28 1	960	to 6-30	196	6, that (11) (we) last
		ceased alive on	6-	27						and on th	ne date stated above.
	22a. SIGNATUH	RE)	9	0/	2	,			deemos kr		ATE SIGNED
	1	Summan	Q.	He	rbert	, M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1	-1-GC
	22c. PHYSICIA NAME (T)		-	- 11	1 1	1	22d. ADDRESS	. 11	011-11	011	1
	WAITE (1)	homa	3/	. 17e	rbert,	14.1) 44 Church	Rd,	Micht	474/	Ca .
23a	BURIAL, CREW		THEREDF	23c.	NAME DF CE	METERY	DR CREMATORY	23d.	LDCATION (City,	town or cou	inty) (State)
	Burial	7-5-	1966	_ F	Rehobeth	1		Pr	icedale,P	A.	
24	. FUNERAL DIRE	CTORTANE	rues	Coll	ADDRESS	7		C'D BY RE	EGISTRAR 25b.	REGISTRAR	S SIGNATURE
	F.C. Higi	nbothom Fur	eral	Home,	Ellicot	t Ci	ty Me DATE	UL 5	1966	Jelias	rles Judge
								-		7	0.0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY a. STATE after Marvland Howard Howard MARYLAND decarbon papers. Pages event, within 72 hours aft b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Ellicott City Elhicott City 三 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled Rt.3 YES NO Rt.3 remove carbon par any event, within Middle Last 4. DATE Month Day Year 3. NAME OF First DECEASED 19 FOX DEATH EDITE June 22,1966 (Type or print) MARY AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED 3-5-1881 White 85 Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) lease r physician in please r during most of working life, even If retired) H_ward Co. At Home MOTHER'S MAIDEN NAME removal. 13. FATHER'S NAME attending principle in them B. Franklin Keyes Annie Sykes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address the attendit permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Ellicott City Me Charles C.Fox.Rt. cremation, No None INTERVAL BETWEEN been signed by the the burial-transit p or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ATTENDING PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION r this certificate hadetached for use a te Dept. of Health p PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. TO FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour While Not While retained by at work 19 at work 21. I ceptify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at SIGNATURE 22a. director, page 3 should be filed w ATTENDING PHYS. TO HOSPITAL BALTIN PHYSICIAN'S NAME (Type) (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ellicott City.Me Johns REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR ADDRESS Marles F.C. Higinbothom, Ellicott City, Md DATE

VR A15 (4) 20M 1/65

after death.

hours

within

executed

be

certificate

death

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		San Market			
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Milliott City, 15

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P.C. Chinactes Lille obt City, Mi

by the and 2 death.

papers. Pages in 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 45 C P 4 4

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			00	11
2.	Maryland			

noward	MARYLAND		22 0 11 0 11 0 1
CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	its, writa RURAL and giva nearast town
writa RURAL and giva nearest town)		Jessup	19

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS

Guilford Road

1. PLACE OF DEATH a. COUNTY

NAME OF

DECEASED

13. FATHER'S NAME

no

Guilford Road

4. DATE

e. IS RESIDENCE ON A FARM? Year

	(Typa or print)	WETAIN KORI	N VNTOTE	SI			DEF	TH	JUNE T	.0		190	0
5.	SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF	BIRTH	1900		AGE (In years				24 HR
1	M	W	WIDOWED	_					birthday) yrs.	Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) done during most of working life, aven if retirad) carpenter

(Yas, no, or unkown) | (Ifyasgivewarordatasofservice)

PART I DEATH WAS CAUSED BY.

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

general construction Virginia 12. CITIZEN OF WHAT COUNTRY? USA

ONSET AND DEATH

NO X

(Stata)

SIGNED

David Rubin Knisley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. CAUSE OF DEATH lenter only one cause par line for (a), (b), and (c),

Daisev Holmes

14. MOTHER'S MAIDEN NAME

Mary L. Knisley, Guilford Road, Jessup, Md

Address

IMMEDIATE CAUSE (a)	/ tent / hay
/G/X DUE TO	
Conditions, if eny, which \ (b)	melosloty and involving lyter
gava risa to immadieta causa (a), steting tha underlying DUE TO	
causa last. (c)	Corcenoma lorgny
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART

Middla

20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.

(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Yaar	20d. INJURY OCCURRED While Not While	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, offica bldg., etc.)

Hour a.m.

(County)

saw the deceased alive on 22b. DATE 22a. SIGNATURE

ATTENDING PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type

PHYS.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

DIRECTOR

REMOVAL (Specify) Savage Cemetery June 20, 1966 Burial 24 FUNERAL DIRECTOR'S SIGNATURE

Savage, Maryland

VR A15 (4) 1SM 7/61

FUNER

IRECTOR:

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11629 Themens, sees of Abelia W - meld outsons frances the you may .. bee'l broth too, wat who . I went The state of the s

(M)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	(
IEALTH DEPT.	1. PLACE

pages Tand 2 with the State Department of

y delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examinar's Office along with farm PM3. Page

TO DEPUTY NECKAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

08522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08512

0004	99								002	-
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed liv			fore odmiss	sion)
o. COUNTY	Howard		MARYLA	ND	o. STATE Mar	vland	b. COUNTY	Howai	rđ	
	(If outside corporate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o		its, write RURAI			
write RUKAL of	nd give nearest town)				Sim	psonville	۵	/_	3-1	
	ITAL OR INSTITUTION (If no	ot in hospitol, g	ive street address)		d. STREET ADDRESS	PBOILVILL	<i></i>		e. IS RES	
	Freetown Ro	ad, Box	34		Fre	etown Roa	ad, Box	34	YES _	FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Month	1	Doy Y	ear
(Type or print)	Debor	ah	Denice		Kosh	OF DEATH	June	e 20) 19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X	B. DATE OF BIRTH			IF UNDER 1 YEA		ER 24 HRS.
Female	Colored	WIDOWED	DIVORCED		Feb. 4,1	966	birthdoy) 7	Manths Doy 4Mths	s Haurs	Min.
10o. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stote			12. CITIZEN	OF WHAT	
during most of working	g lite, even it retired) ne	INC	DUSTRY		Maryla	and		COUNTR	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Triv	in Wilson				Delore	s Bosh				
	ER IN U.S. ARMED FORCES?	16.5	OCIAL SECURITY NO.	17. 1	NFORMANT	2100-1	Address			
	(If yes give war or dates o			D	elores Ko	ch So	me as	item	#2	
Tan caller or i	NEARLY (F. A	12 6	/ \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 20	370169 110	511 561	ne as			THEFT
PART I. DE	DEATH (Enter only one cou ATH WAS CAUSED BY:								INTERVAL BE ONSET AND	
39	/ 1MMEDIATE CAUSE		titis Medi	a bi	lateral			-		
C435	DUE	TO								
Conditions, if on rise to immedia	te couse (a)	(b)								
stoting the und		TO								
lost.	,	(c)								
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELAT	E D T O T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. WAS AU PERFORI	TOPSY MED?
SAIG									YES 🔀	NO
200. EXTERNAL C		20b. DES	CRIBE HOW INJURY OCCU	JRRED.	Enter noture of injury in	Port 1 or Port II of	item 18.)			
	UNIKIBUTING 🖂									
	JURY Month, Doy, Yeor				E OF INJURY (Home, far		or town)	(County)		(Stote)
Hour o	.m. .m. 19	While of work	Not While of work	focto	ory, street, office bldg., etc	.)				
	fy that I taak charge			ve he	d an Autansy [v]	Inspection	, Inquir	v 🗖 a	nd in my	aniniar
death resu		l causes X	. —		de , Hamicide		ermined man		nu in my	upilifui
dedili leso	ned ridin. Nation	ii cooses [X	I, Accident [],	3010	CHIEF MEDICAL		Tillinea Inan	illei		
ACTUAL	(il.	11 5	Xalan-		10010-110-110	DICAL EXAMINER	1		22. DATI	E SIGNED
SIGNATURE	Jum	400	, cu-		M.D. ASSISTANT MEDIC		J			
EXAMINER'S NAME (Type)	Russell	S. Fish	er, M.D.			et, city, town, or cou	inty)	June	20, 1	1966
230. BURIAL, CREMAT		REOF	23c. NAME OF CEMETE	RY OR (REMATORY	23d. LOCATIO	N (City or Town) (Cou	nty)	(Stote)
Burial	1 6/2	2/66	Hopkins	C)	napel	Hig	hland,	Md .		
24 FUNERAL DIRECT		1	ADDRESS		2501 819	BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNA		
Abert 7	· Snow	Klar	ockville,	Mo	DATE	v 2 3 196	b fcc	carles	Judge	L
							1 //	- /	7	_

VR A15ME (5) 6M 1/66

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death. Page by be retained by the hospital or attending physician.

O FUNERA IRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal; and in any event, within 72 hours after death. cithin 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed C TO HOSPITAL death. Page TO FUNERA

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

18513

1. PLACE OF DEAT	Н		2. USUAL RESIDEN	ICE (Where deceased lived, If I	nstitution: Residence before edmission)
a. COUNTY	HOWARD	MARYLAND	a. STATE	ARYLAND b. COUN	BALTIMORE
	(if outside corporate limits, d give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give neerest town)
	TT CITY		CA	TONSVILLE	03-2
		in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
TAYLOR :	MANOR HOSPITA	L	5713	Edmondson Avenu	ON A FARM? YES ☐ NO 【☐
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF DEATH	40
	LOUIS	PHILIP	KRAUS	JUNI	
5. SEX	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys Hours Min.
MATE	TION (Give kind of work		8-6-93	16	12. CITIZEN OF WHAT COUNTRY?
done during most of w	orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	II. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CHIZEN OF WHAT COUNTRY
INSURANCE		New York Life	BALTTI	MORE, Md.	a.s.
Ernest	Kraus		Bertha	Mohlhenich	
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes, no, or unkown) (World War I		s. Catherine	E. Kraus same	e address as above
18. CAUSE OF	DEATH [Enter only one caus	se per line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (*)	Cerebral Thrombo	sis		5 days
332,	DUE TO				
Conditions, if en	101				
gave rise to immed (a), stating the	OT TILD				
cause last.	underlying (-)	Cerebral Arterio	sclerosis		anknown
	R SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO		INAL DISEASE CONDITION GIV	
2			ST RELATED TO THE TERMS	THE DISTRICT CONSTITUTE OF	PERFORMED?
3	Pulm	onary Emphysema			YES NO
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJUNE OF INJ	URY Month, Dey, Year		CE OF INJURY (Home, ferr		(County) (State)
Hour e.m.	19	While Not While feet	iory, shoot, office brage, or		
21. I certify	that (I) (this hospital)	attended the deceased from.	6/12	1966 to6/.20	, 1966 that (I) (we) last
saw the decea	sed alive on	/201966 and that	death occured at	3A M, from the causes	and on the date stated above.
22e. SIGNATURE	hen lea 1	14pness "		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
NAME (Type	STEPHEN LEE	MAGNESS, M.D.		R MANOR HOSPITA	AL.
23a. BURIAL, CREMAT REMOVAL (Specify Burial	110N, 23b. DATE THEREOF	Lakeview Memor		23d. LOCATION (City, low	vn or county) (Stete) Co., Maryland
24 FUNERAL DIRECTO		ANDRESS 4		C'D BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
21/4 1 7	Tiche 1	1 Bullo m	Da DATE	IIIN 9 1 10CC	
WUTH II.	WIN WILL SOL	I HUM INDICATION	DAIL	THE THE PARTY OF T	III AMPANITA VALARIT

VR A15 (4)

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PERMITTER MINER

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Stephen lea Magiuss

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wing of home of days and the first ways

and 2 death. after death. funer the tes after es hours = filled within . within completely carbon event, 1 executed remove and = an ase attending physici rmit. Then pleas certificate permit. 0 death requires that the attending physician. as the prior to Health 1 certificate or hospital PHYSICIAN: detached for the Dept. of 1 this be de State After ATTENDING retained P Shoul DIRECTOR:

papers. rus been signed by the attached the burial-transit permion to burial, cremation, c 3 showith page may HOSPITAL director, pa

#08514 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 08524 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Howard b. counfloward Marvland MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Rural Ellicott City c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 211 Montgomery Road 117 McAlpine Drvie NO 3. NAME OF First Middle DATE Month DECEASED 22 66 Parlett June (Type or print) Abbie DEATH SEX 6. COLOR OR RACE I 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. NEVER MARRIED birthday) Months | Days Oct. 14, 1874 WIDOWEO A DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired)
Housewife INDUSTRY COUNTRY? Howard County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edmund Scott Emily Gamble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (If yes give war or dates of service) Ralph Parlett 720 Crestleigh Rd. Ellicot 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSEO BY:
IMMEDIATE CAUSE (a) DIJE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a WAS AUTOPSY 19. PERFORMEO? YES NO M 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1230 M, from saw the deceased alive the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS PHYSICIAN' 224, AOORESS NAME (Type 0 BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Ellicott City Burial 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. Harry H. Witzke Columbia Pike Ellicott City Md.

VR A15 (4) 20M 1/65

vil arealil formal er est. in 1571. In Line Fire MERCHANIC AND THE PARTY PROPERTY AND ADMINISTRATION OF THE PARTY P Brest . 15 Right Brent were the state of the state of

FOR STATE HEALTH DEPT.

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to effuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1-and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. retained for your files. O DEPUTY MED

2

VR ALSME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

100	08525	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	()	8515
1.	PLACE OF DEATH				CE (Where deceased lived, If inst		e before admission)
	Howard	SET DIE	MARYLAND	a. STATE Maryl	and	Ho	mard
8	 CITY OR TOWN (If outside cor write RURAL end give neares 	porate limits, t town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If	outside corporete limits, wri	te RURAL and g	lve nearest town)
7	Ellicott City				cott City	/	3-1
	d. NAME OF HOSPITAL OR INSTI	IUTION (if not in ho	spital, give street addres				e. IS RESIDENCE ON A FARM?
	134 College Av				ege Ave.		YES NO T
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Da	
5.	(Type or print) Joseph		NEVER MARRIED	I 8. DATE OF BIRTH	Office	F UNDER 1 YEAR	1966 R IF UNDER 24 HRS
		WIOOWED	OIVORCEO		last birthdey)	Months Days	
10	a. USUAL OCCUPATION (Give kind of	work done 10b. Kil	ND OF BUSINESS OR	May 5 1893	state or foreign country)	12. CITIZEN	OF WHAT
du	ring most of working life, even if r		OUSTRY	Wd.		COUNTR	Υ7
13	retired FATHER'S NAME	Ogr	penter	14. MOTHER'S MAIL	DEN NAME		
	John Upman			Anna	Bezold		
15	S. WAS DECEASED EVER IN U.S. ARM es, no, or unkown) (If yes give war or o	ED FORCES? 16. S	OCIAL SECURITY NO. 1	7. INFORMANT	Address	8	
(1	yes WW	?	J	ULIA UP.	MAN		
	18. CAUSE OF DEATH [Enter on		ne for (a), (b), and (c).]			INT	ERVAL BETWEEN
10	PART I. OEATH WAS CAUSE IMMEDIATE CA	D BY: AUSE (e) C	oronary Thro	mbosis		TH	Scalio
8	4201	DUE TO Ante	riesclaretic	cardio_was	cular disease		5 years
	Conditions, if eny, which gave rise to immediate	(b)	110207610010	Caldio-tab	outal arbears		7 30025
	cause (a), stating the	DUE TO					
N	underlying cause last. PART II. OTHER SIGNIFICANT CON	(c) DITIONS CONTRIBUT	TING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN INF	PART 1(a) 19	
CERTIFICATION						Y	PERFORMED?
LIFIC	20a. EXTERNAL CAUSE WAS	20b. D	ESCRIBE HOW INJURY OF	CURRED. (Enter nature o	f injury in Part I or Part II of	Item 18.)	
CERI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
CAL	20c. TIME OF INJURY Month,	Day, Year 20d. IN	JURY OCCURRED 20e. F	PLACE OF INJURY (Home, factory, street, office bidg., e	arm, 20f. (City or town)	(County)	(State)
MEDICAL	Hour e.m.	While at work	Not While	ctory, sacct, omeo biag., c			
-	21. I certify that I took c	harge of the rema	ins described above,	held an Autopsy 🔲,	Inspection X, Inqui	iry 🔼 an	nd in my opinion
	death resulted from: Na	tural causes 📆	Accident [],	Suicide 🔲, Homici	ide 🔲, Undetermined	manner	
	Land La	0	(B. +1	CHIEF MEDICA			DATE CLONES
	SIGNATURE TWO	1-2	my long	M.D. ASSISTANT ME			2. DATE SIGNED
	EXAMINER'S NAME (Type) George	E.Burgtor	f Church	Road Addressidife	CAL EXAMINER (X	6-1	6-1966
23	a. BURIAL, CREMATION, 23b. D	ATE THEREOF		ERY OR CREMATORY	23d. LOCATION (City, to		
1	BURIAL (Specify) 6/	9/66	BALTO. NI	ATICNAL	BALTO, M.	1	
24	. FUNERAL DIRECTOR	321 1-	REDERKK	101		GISTRAR'S SIG	
1	S. MARINADI	2 2011	2	DATEN	7' 10cc 0cl	carelo D.	740

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

18516

			1,0010
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	Haward MARYLAND	Venn.	rette
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	lease B	750880 1/00 and	75-3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	JUB Price Tage Read	325 Water Street	YES NO NO
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	DECEASED	WALTERS DEATH June	29 1966
5.		8 DATE OF RIDTH 19 AGE (My years IE IINDER)	YEAR IF UNDER 24 HRS.
	F WIDOWED DIVORCED	Fold 25 1912 Sast bythday) Months Months	Days Hours Min.
108	USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR INDUSTRY : /	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
uuı	ing most of working life, even if retired) INOUSTRY	12, 1	U5A
13.	FATHER'S NAME	14. MOJHER'S MAIDEN DAME	
	Jaseph Burtan	Isalalle Walter	-4.
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unit win) ((f yes of ve war or dates of service)	INFORMANT Address Bel	De Vernan
Cit	s, no, or annown) (11 yes give war or gates or service)	Mrs. John BWatters	Pa.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	The Distriction of the Districti	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MICOTOTO	OBUSIN PLAINES	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Caracor V - Cara	- Culling
	Conditions, If any, which \	The forest	2.411
	gave rise to immediate	new of free of	0-10
	cause (a), stating the DUE TO	DO Prince	21111-
N	underlying cause last.) (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	AFED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ATIC	A TO THE STATE OF	A CONTRACTOR OF THE PROPERTY OF THE PARTY AND A CONTRACTOR OF THE	FERFORMED?
FIC	Hellery Con Of	esily	YES NO NO
CERTIFICAT	200/ ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
4		CE OF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
EOIC		ry, street, office bldg., etc.)	iity) (State)
ME	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	1966 to 679, 1956	that (1) (we) last
	saw the deceased alive on 6 1966, and that	t death occurred at 6 M, from the causes and on the	
	22a. SIGNATURE		ATE SIGNED
	X VV () CARSIAN M.C	D. ATTENDING MED. STAFF DIRECTOR PHYS.	124/66
	22c. PANSICIAN'S NAME (Type)	22d. ADDRESS	10
	Magren	Layel	mix
238	BURIAL, CREMATION, A3b. DATE THEREOF 23c NAME OF CEMETER	OR CREMATORY 23d LOCATION (City, town or cou	inty) (State)
	Durial July 2 1966/Selle //	ernan Belle Verna	· la.
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
1	lellel Danaldran Laur	el Monte JUL 7 1956 Julia	nes judge

VR A15 (4) 15M 4-64 the state of the second of the

19 66 IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPS' PERFORMED? YES XX designated agent, (County) (State) FUNERAL DIRECTOR: Page Baltimore, Howard, Md. Inquiry and in my apinian Undetermined monner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/5/66 Health ar Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar county) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 0 MOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2Sa. **REGISTRAR** REGISTRAR'S SIGNATURE

e RESIDENCE ON A FARM?

YES

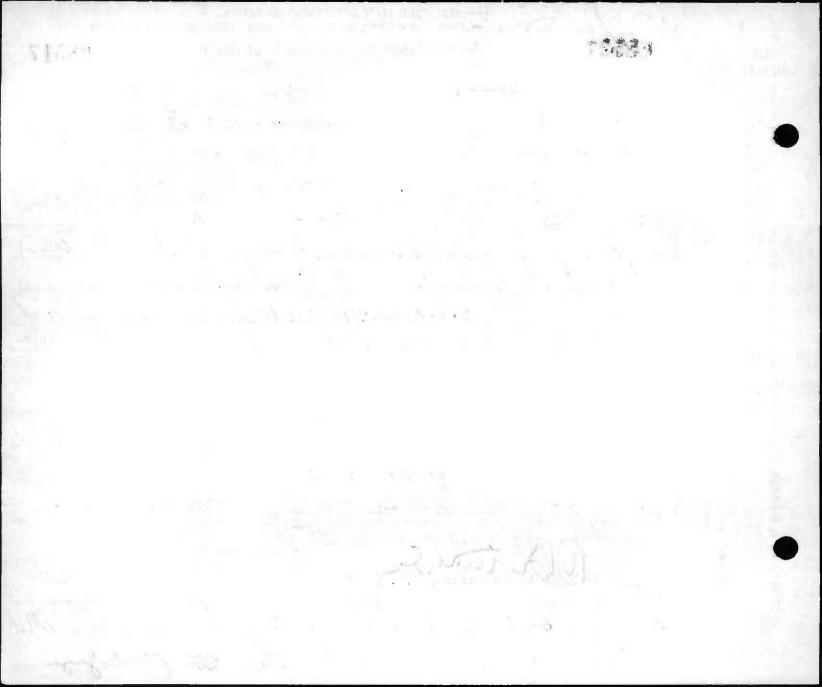
Day

NO

Year

VR A15ME (5)

O DEPUTY



Department after death. MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay recute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page and 2 with the State event within 72 hours in-apy e and File permit. Fr used as a burial-transit to burial, cremation, or 3 should be agent, prior O FUNERAL DIRECTOR: Page of Health or its designated director. Page 4 shoul retained for your files. please execute O DEPUTY MED

2 VR ALSME (5) 1/65

MEDICAL EXAMINER'S PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
Howard MARYLAND	Maryland Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town Frederick / 0 - 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Harmon's Boarding Home	Rt.3 Masser Road YES NO
. NAME OF First Middle	Lest 4. DATE Month Dey Year
(Type or print) JOSEPH DOYLE WRIGHT	OF DEATH, June 26.1966 19
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HF
Male White WIOOWED I OIVORCEO	Nov. 24, 1884 81 yrs. Months Oays Hours Min
Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired ?	Pikesville, Md
Retired ?	
Retired ?	Pikesville, Md
Retired ? 3. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17.	Pikesville, Md 14. MOTHER'S MAIDEN NAME
Retired ? 3. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give war or dates of service)	Pikesville, Md 14. MOTHER'S MAIDEN NAME Unknown INFORMANT Address
Retired ? 3. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? Yes, no, or unknown) (If yes give war or dates of service) No 220-09-5240 Mm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Pikesville, Md 14. MOTHER'S MAIDEN NAME Unknown INFORMANT Address S.Ray T.Fitzwater, Same INTERVAL BETWEEF ONSEL AND DEATH
Retired ? 3. FATHER'S NAME Unknown 5. WAS DECEASED EVER IN U.S. ARMEO FORCES? es, no, or unknown) (If yes gire war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arterio—sclerotic	Pikesville, Md 14. MOTHER'S MAIDEN NAME Unknown INFORMANT Address S.Ray T.Fitzwater, Same INTERVAL BETWEEF ONSEL AND DEATH
Retired ? FATHER'S NAME Unknown S. WAS DECEASED EVER IN U.S. ARMEO FORCES? es, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (e) Arterio-sclerotic OUE TO Conditions If any which)	Pikesville, Md 14. MOTHER'S MAIDEN NAME Unknown INFORMANT Address S.Ray T.Fitzwater, Same INTERVAL BETWEEF ONSEL AND DEATH
Retired ? 3. FATHER'S NAME Unknown 5. WAS DECEASED EVER IN U.S. ARMEO FORCES? (et , no, or unknown) (If yes give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arterio-sclerotic OUE TO	Pikesville, Md 14. MOTHER'S MAIDEN NAME Unknown INFORMANT Address S.Ray T.Fitzwater, Same INTERVAL BETWEEF ONSEL AND DEATH

CERTIFIC DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS

PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20f. (City or town) (County) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,

Hour e.m. Not While at work While p.m. 19 at work

Natural causes

-29-1966

factory, street, office bldg., etc.)

Suicide

21. I certify that I took charge of the remains described above, held an Autopsy

Inspection Y, Inquiry and in my opinion Homicide Undetermined manner

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.O. DEPUTY MEDICAL EXAMINER

22. DATE SIGNED

(State)

MD46 **EXAMINER'S** F. Herbert Thomas NAME (Type) 23b. DATE THEREOF

Church Road Bidder other, Gt. Hawn, Mc county) 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

(State)

REMOVAL (Specify) 24. FUNERAL DIRECTOR

BURIAL, CREMATION,

F.C. Higinbothom, Ellicott

ACTUAL

death resulted from:

Lorraine

Baltimore, Md REC'D BY REGISTRAR! 25b. 25a. STBAR'S

8 DATE

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